

# PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No. PCT/JP04/04357

International Filing Date 26.03.2004

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum) 99P04433

### Box No. I TITLE OF INVENTION

MAGNETIC MEMORY DEVICE AND WRITING METHOD OF THE SAME

### Box No. II APPLICANT

☒ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

TDK CORPORATION

13-1, Nihonbashi 1-chome,

Chuo-ku, Tokyo, 103-8272 JAPAN

Telephone No.  
0267-68-4511

Facsimile No.  
0267-68-4515

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:

JAPAN

State (that is, country) of residence:

JAPAN

This person is applicant  
for the purposes of:

☐

all designated  
States

☒

all designated States except the  
United States of America

☐

the United States  
of America only

☐

the States indicated in the  
Supplemental Box

### Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

EZAKI Joichiro  
C/o TDK CORPORATION  
13-1, Nihonbashi 1-chome,  
Chuo-ku, Tokyo 103-8272 JAPAN

This person is:

☐

applicant only

☒

applicant and inventor

☐

inventor only (If this check-box  
is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

JAPAN

State (that is, country) of residence:

JAPAN

This person is applicant for  
the purposes of:

☐

all designated  
States

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all designated States except the  
United States of America

☒

the United States  
of America only

☐

the States indicated in the  
Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

### Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒

agent

☐

common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

MITAZAKI Taiji  
2F, Ooadai Building,  
9-5, Shinjuku 1-chome, Shinjuku-ku,  
Tokyo 160-0022 JAPAN

Telephone No.  
03-3225-0981

Facsimile No.  
03-3225-0980

Teleprinter No.

Agent's registration No. with the Office  
100109656

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

| Continuation of Box No. III   |  | FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)  |  |
|---|--|--|--|
| <i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>  |  |  |  |
| Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i><br><br>KAKINUMA Yuji<br>C/o TDK CORPORATION<br>13-1, Nihonbashi 1-chome,<br>Chuo-ku, Tokyo 103-8272 JAPAN    |  | This person is:<br><input type="checkbox"/> applicant only<br><input checked="" type="checkbox"/> applicant and inventor<br><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i><br><br>Applicant's registration No. with the Office |  |
| State <i>(that is, country)</i> of nationality: JAPAN   |  | State <i>(that is, country)</i> of residence: JAPAN  |  |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box   |  |  |  |
| Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i><br><br>KOGA Keiji<br>C/o TDK CORPORATION<br>13-1, Nihonbashi 1-chome,<br>Chuo-ku, Tokyo 103-8272 JAPAN       |  | This person is:<br><input type="checkbox"/> applicant only<br><input checked="" type="checkbox"/> applicant and inventor<br><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i><br><br>Applicant's registration No. with the Office |  |
| State <i>(that is, country)</i> of nationality: JAPAN   |  | State <i>(that is, country)</i> of residence: JAPAN  |  |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box   |  |  |  |
| Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i><br><br>SUMITA Shigekazu<br>C/o TDK CORPORATION<br>13-1, Nihonbashi 1-chome,<br>Chuo-ku, Tokyo 103-8272 JAPAN |  | This person is:<br><input type="checkbox"/> applicant only<br><input checked="" type="checkbox"/> applicant and inventor<br><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i><br><br>Applicant's registration No. with the Office |  |
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| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box   |  |  |  |
| Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i><br><br>(Empty)   |  | This person is:<br><input type="checkbox"/> applicant only<br><input type="checkbox"/> applicant and inventor<br><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i><br><br>Applicant's registration No. with the Office            |  |
| State <i>(that is, country)</i> of nationality:   |  | State <i>(that is, country)</i> of residence:  |  |
| This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box  |  |  |  |
| <input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.   |  |  |  |

**Box No. VI PRIORITY CLAIM**

The priority of the following earlier application(s) is hereby claimed:

| Filing date<br>of earlier application<br>(day/month/year) | Number<br>of earlier application | Where earlier application is:                        |   |  |
|---|----------------------------------|--|---|--|
|   |                                  | national application:<br>country or Member<br>of WTO | regional application:*<br>regional Office | international application:<br>receiving Office |
| item (1)<br>28.03.03                                      | 2003-092841                      | JAPAN  |   |  |
| item (2)  |                                  |  |   |  |
| item (3)  |                                  |  |   |  |
| item (4)  |                                  |  |   |  |
| item (5)  |                                  |  |   |  |

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

☐ all items    ☐ item (1)    ☐ item (2)    ☐ item (3)    ☐ item (4)    ☐ item (5)    ☐ other, see Supplemental Box

\*Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)): .....

**Box No. VII INTERNATIONAL SEARCHING AUTHORITY**

**Choice of International Searching Authority (ISA)** (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA /JP.....

**Request to use results of earlier search; reference to that search** (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)                      Number                      Country (or regional Office)

**Box No. VIII DECLARATIONS**

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

|   |  | Number of<br>declarations |
|---|--|---------------------------|
| <input type="checkbox"/> Box No. VIII (i)   | Declaration as to the identify of the inventor   | :                         |
| <input type="checkbox"/> Box No. VIII (ii)  | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent             | :                         |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | :                         |
| <input type="checkbox"/> Box No. VIII (iv)  | Declaration of inventorship (only for the purposes of the designation of the United States of America)                               | :                         |
| <input type="checkbox"/> Box No. VIII (v)   | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty:  | :                         |

**Box No. IX CHECK LIST; LANGUAGE OF FILING**

|  |  |     |   |     |    |   |     |    |   |   |    |   |   |    |   |   |    |   |     |    |  |   |    |   |   |    |  |   |  |   |   |  |  |   |  |  |   |     |   |   |  |  |   |  |   |   |  |   |   |     |   |   |                               |
|--|--|-----|---|-----|----|---|-----|----|---|---|----|---|---|----|---|---|----|---|-----|----|--|---|----|---|---|----|--|---|--|---|---|--|--|---|--|--|---|-----|---|---|--|--|---|--|---|---|--|---|---|-----|---|---|-------------------------------|
| <p><b>This international application contains:</b></p> <p>(a) <b>in paper form</b>, the following number of sheets:</p> <p>request (including declaration sheets) : 5</p> <p>description (excluding sequence listings and/or tables related thereto) : 47</p> <p>claims : 5</p> <p>abstract : 1</p> <p>drawings : 29</p> <p><b>Sub-total number of sheets</b> : 87</p> <p>sequence listings : _____</p> <p>tables related thereto : _____</p> <p><i>(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)</i> : _____</p> <p><b>Total number of sheets</b> : _____</p> <p>(b) <input type="checkbox"/> <b>only in computer readable form</b> (Section 801(a)(i))</p> <p>(i) <input type="checkbox"/> sequence listings</p> <p>(ii) <input type="checkbox"/> tables related thereto</p> <p>(c) <input type="checkbox"/> <b>also in computer readable form</b> (Section 801(a)(ii))</p> <p>(i) <input type="checkbox"/> sequence listings</p> <p>(ii) <input type="checkbox"/> tables related thereto</p> <p><b>Type and number of carriers</b> (diskette, CD-ROM, CD-R or other) on which are contained the</p> <p><input type="checkbox"/> sequence listings _____</p> <p><input type="checkbox"/> tables related thereto _____</p> <p><i>(additional copies to be indicated under item 9(ii), in right column)</i></p> | <p><b>This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):</b></p> <table style="width: 100%;"> <tr> <td style="width: 5%;">1.</td> <td style="width: 85%;"><input checked="" type="checkbox"/> fee calculation sheet</td> <td style="width: 10%; text-align: right;">: 3</td> </tr> <tr> <td>2.</td> <td><input checked="" type="checkbox"/> original separate power of attorney</td> <td style="text-align: right;">: 1</td> </tr> <tr> <td>3.</td> <td><input type="checkbox"/> original general power of attorney</td> <td style="text-align: right;">:</td> </tr> <tr> <td>4.</td> <td><input type="checkbox"/> copy of general power of attorney; reference number, if any: _____</td> <td style="text-align: right;">:</td> </tr> <tr> <td>5.</td> <td><input type="checkbox"/> statement explaining lack of signature</td> <td style="text-align: right;">:</td> </tr> <tr> <td>6.</td> <td><input checked="" type="checkbox"/> priority document(s) identified in Box No. VI as item(s): 1 _____</td> <td style="text-align: right;">: 1</td> </tr> <tr> <td>7.</td> <td><input type="checkbox"/> translation of international application into (language): _____</td> <td style="text-align: right;">:</td> </tr> <tr> <td>8.</td> <td><input type="checkbox"/> separate indications concerning deposited microorganism or other biological material</td> <td style="text-align: right;">:</td> </tr> <tr> <td>9.</td> <td><input type="checkbox"/> sequence listing in computer readable form (indicate type and number of carriers)</td> <td style="text-align: right;">:</td> </tr> <tr> <td></td> <td>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)</td> <td style="text-align: right;">:</td> </tr> <tr> <td></td> <td>(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter</td> <td style="text-align: right;">:</td> </tr> <tr> <td></td> <td>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column</td> <td style="text-align: right;">:</td> </tr> <tr> <td>10.</td> <td><input type="checkbox"/> tables in computer readable form related to sequence listings (indicate type and number of carriers)</td> <td style="text-align: right;">:</td> </tr> <tr> <td></td> <td>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application)</td> <td style="text-align: right;">:</td> </tr> <tr> <td></td> <td>(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater)</td> <td style="text-align: right;">:</td> </tr> <tr> <td></td> <td>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column</td> <td style="text-align: right;">:</td> </tr> <tr> <td>11.</td> <td><input type="checkbox"/> other (specify): _____</td> <td style="text-align: right;">:</td> </tr> </table> | 1.  | <input checked="" type="checkbox"/> fee calculation sheet | : 3 | 2. | <input checked="" type="checkbox"/> original separate power of attorney | : 1 | 3. | <input type="checkbox"/> original general power of attorney | : | 4. | <input type="checkbox"/> copy of general power of attorney; reference number, if any: _____ | : | 5. | <input type="checkbox"/> statement explaining lack of signature | : | 6. | <input checked="" type="checkbox"/> priority document(s) identified in Box No. VI as item(s): 1 _____ | : 1 | 7. | <input type="checkbox"/> translation of international application into (language): _____ | : | 8. | <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material | : | 9. | <input type="checkbox"/> sequence listing in computer readable form (indicate type and number of carriers) | : |  | (i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) | : |  | (ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter | : |  | (iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column | : | 10. | <input type="checkbox"/> tables in computer readable form related to sequence listings (indicate type and number of carriers) | : |  | (i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application) | : |  | (ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater) | : |  | (iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column | : | 11. | <input type="checkbox"/> other (specify): _____ | : | <p><b>Number of items</b></p> |
| 1.   | <input checked="" type="checkbox"/> fee calculation sheet  | : 3 |   |     |    |   |     |    |   |   |    |   |   |    |   |   |    |   |     |    |  |   |    |   |   |    |  |   |  |   |   |  |  |   |  |  |   |     |   |   |  |  |   |  |   |   |  |   |   |     |   |   |                               |
| 2.   | <input checked="" type="checkbox"/> original separate power of attorney  | : 1 |   |     |    |   |     |    |   |   |    |   |   |    |   |   |    |   |     |    |  |   |    |   |   |    |  |   |  |   |   |  |  |   |  |  |   |     |   |   |  |  |   |  |   |   |  |   |   |     |   |   |                               |
| 3.   | <input type="checkbox"/> original general power of attorney  | :   |   |     |    |   |     |    |   |   |    |   |   |    |   |   |    |   |     |    |  |   |    |   |   |    |  |   |  |   |   |  |  |   |  |  |   |     |   |   |  |  |   |  |   |   |  |   |   |     |   |   |                               |
| 4.   | <input type="checkbox"/> copy of general power of attorney; reference number, if any: _____  | :   |   |     |    |   |     |    |   |   |    |   |   |    |   |   |    |   |     |    |  |   |    |   |   |    |  |   |  |   |   |  |  |   |  |  |   |     |   |   |  |  |   |  |   |   |  |   |   |     |   |   |                               |
| 5.   | <input type="checkbox"/> statement explaining lack of signature  | :   |   |     |    |   |     |    |   |   |    |   |   |    |   |   |    |   |     |    |  |   |    |   |   |    |  |   |  |   |   |  |  |   |  |  |   |     |   |   |  |  |   |  |   |   |  |   |   |     |   |   |                               |
| 6.   | <input checked="" type="checkbox"/> priority document(s) identified in Box No. VI as item(s): 1 _____  | : 1 |   |     |    |   |     |    |   |   |    |   |   |    |   |   |    |   |     |    |  |   |    |   |   |    |  |   |  |   |   |  |  |   |  |  |   |     |   |   |  |  |   |  |   |   |  |   |   |     |   |   |                               |
| 7.   | <input type="checkbox"/> translation of international application into (language): _____   | :   |   |     |    |   |     |    |   |   |    |   |   |    |   |   |    |   |     |    |  |   |    |   |   |    |  |   |  |   |   |  |  |   |  |  |   |     |   |   |  |  |   |  |   |   |  |   |   |     |   |   |                               |
| 8.   | <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material  | :   |   |     |    |   |     |    |   |   |    |   |   |    |   |   |    |   |     |    |  |   |    |   |   |    |  |   |  |   |   |  |  |   |  |  |   |     |   |   |  |  |   |  |   |   |  |   |   |     |   |   |                               |
| 9.   | <input type="checkbox"/> sequence listing in computer readable form (indicate type and number of carriers)   | :   |   |     |    |   |     |    |   |   |    |   |   |    |   |   |    |   |     |    |  |   |    |   |   |    |  |   |  |   |   |  |  |   |  |  |   |     |   |   |  |  |   |  |   |   |  |   |   |     |   |   |                               |
|  | (i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)  | :   |   |     |    |   |     |    |   |   |    |   |   |    |   |   |    |   |     |    |  |   |    |   |   |    |  |   |  |   |   |  |  |   |  |  |   |     |   |   |  |  |   |  |   |   |  |   |   |     |   |   |                               |
|  | (ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter   | :   |   |     |    |   |     |    |   |   |    |   |   |    |   |   |    |   |     |    |  |   |    |   |   |    |  |   |  |   |   |  |  |   |  |  |   |     |   |   |  |  |   |  |   |   |  |   |   |     |   |   |                               |
|  | (iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column   | :   |   |     |    |   |     |    |   |   |    |   |   |    |   |   |    |   |     |    |  |   |    |   |   |    |  |   |  |   |   |  |  |   |  |  |   |     |   |   |  |  |   |  |   |   |  |   |   |     |   |   |                               |
| 10.  | <input type="checkbox"/> tables in computer readable form related to sequence listings (indicate type and number of carriers)  | :   |   |     |    |   |     |    |   |   |    |   |   |    |   |   |    |   |     |    |  |   |    |   |   |    |  |   |  |   |   |  |  |   |  |  |   |     |   |   |  |  |   |  |   |   |  |   |   |     |   |   |                               |
|  | (i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application)   | :   |   |     |    |   |     |    |   |   |    |   |   |    |   |   |    |   |     |    |  |   |    |   |   |    |  |   |  |   |   |  |  |   |  |  |   |     |   |   |  |  |   |  |   |   |  |   |   |     |   |   |                               |
|  | (ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater)  | :   |   |     |    |   |     |    |   |   |    |   |   |    |   |   |    |   |     |    |  |   |    |   |   |    |  |   |  |   |   |  |  |   |  |  |   |     |   |   |  |  |   |  |   |   |  |   |   |     |   |   |                               |
|  | (iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column  | :   |   |     |    |   |     |    |   |   |    |   |   |    |   |   |    |   |     |    |  |   |    |   |   |    |  |   |  |   |   |  |  |   |  |  |   |     |   |   |  |  |   |  |   |   |  |   |   |     |   |   |                               |
| 11.  | <input type="checkbox"/> other (specify): _____  | :   |   |     |    |   |     |    |   |   |    |   |   |    |   |   |    |   |     |    |  |   |    |   |   |    |  |   |  |   |   |  |  |   |  |  |   |     |   |   |  |  |   |  |   |   |  |   |   |     |   |   |                               |
| <p><b>Figure of the drawings</b> which should accompany the abstract: 12</p>   | <p><b>Language of filing of the international application:</b> JAPANESE</p>  |     |   |     |    |   |     |    |   |   |    |   |   |    |   |   |    |   |     |    |  |   |    |   |   |    |  |   |  |   |   |  |  |   |  |  |   |     |   |   |  |  |   |  |   |   |  |   |   |     |   |   |                               |

**Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

*Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).*

For receiving Office use only

|  |   |
|--|---|
| <p>1. Date of actual receipt of the purported international application: _____</p> <p>3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application: _____</p> <p>4. Date of timely receipt of the required corrections under PCT Article 11(2): _____</p> <p>5. International Searching Authority (if two or more are competent): <b>ISA /JP</b></p> | <p>2. Drawings:</p> <p><input type="checkbox"/> received:</p> <p><input type="checkbox"/> not received:</p> |
| <p>6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid</p>   |   |

For International Bureau use only

|  |
|--|
| <p>Date of receipt of the record copy by the International Bureau: _____</p> |
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**追記欄** この追記欄を使用しないときは、この用紙を願書に含めないこと。

1. 全ての情報を該当する欄の中に記載できないとき。

この場合は、「第…欄の続き」(欄番号を表示する)と表示し、記載できない欄の指示と同じ方法で情報を記載する。特に、

(i) 出願人又は発明者として3人以上いる場合で、「続葉」を使用できないとき。

この場合は、「第Ⅲ欄の続き」と表示し、第Ⅲ欄で求められている同じ情報を、それぞれの者について記載する。

(ii) 第Ⅱ欄または第Ⅲ欄の枠の中で、「追記欄に記載した指定国」にレ印を付しているとき。

この場合は、「第Ⅱ欄の続き」、「第Ⅲ欄の続き」又は「第Ⅱ欄及び第Ⅲ欄の続き」と記載し、該当する出願人の氏名(名称)を表示し、それぞれの氏名(名称)の次にその者が出願人となる指定国(広域特許の場合は、ARIPO特許・ユーラシア特許・ヨーロッパ特許・OAPI特許)を記載する。

(iii) 第Ⅱ欄又は第Ⅲ欄の枠の中で、発明者又は発明者及び出願人である者が、全ての指定国のための又は米国のための発明者ではないとき。

この場合は、「第Ⅱ欄の続き」、「第Ⅲ欄の続き」又は「第Ⅱ欄及び第Ⅲ欄の続き」と記載し、該当する発明者の氏名を表示し、その者が発明者である指定国(広域特許の場合は、ARIPO特許・ユーラシア特許・ヨーロッパ特許・OAPI特許)を記載する。

(iv) 第Ⅳ欄に示す代理人以外に代理人がいるとき。

この場合は、「第Ⅳ欄の続き」と表示し、第Ⅳ欄で求められている同じ情報を、それぞれの代理人について記載する。

(v) 第Ⅵ欄の枠の中で、優先権を主張する先の出願が4件以上あるとき。

この場合は、「第Ⅵ欄の続き」と表示し、第Ⅵ欄で求められているものと同じ情報を、それぞれの先の出願について記載する。

2. 国際出願が、特定の指定国において「追加特許」、「追加証」、「追加発明者証」又は「追加実用証」の出願として取り扱われることを希望する旨の表示を出願人が意図するとき。

この場合は、それぞれの指定国名又は2文字の国コードを記載し、かつ「追加特許」、「追加証」、「追加発明者証」又は「追加実用証」、並びに原出願、原特許又はその他原付与の番号及び原特許又はその他原付与の登録日又は原出願の出願日を表示する(規則4.11(a)(iii)及び49の2.1(a)又は(b))。

3. 国際出願が、米国において先の出願の「継続出願」又は「一部継続出願」として取り扱われることを希望する旨の表示を出願人が意図するとき。

この場合、「米国」又は「US」と記載し、かつ「継続出願」又は「一部継続出願」並びに原出願の番号及び出願日を表示する(規則4.11(a)(iv)及び49の2.1(d))。

**[第Ⅳ欄の続き]**

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